

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/16/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155267		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/25/2011	
NAME OF PROVIDER OR SUPPLIER SCOTT VILLA NURSING AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 545 W MOONGLO ROAD SCOTTSBURG, IN47170			
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F0000	<p>This visit was for the Investigation of Complaint IN00090305.</p> <p>Complaint IN00090305 - Substantiated. Federal/State deficiencies related to the allegations are cited at F314.</p> <p>Survey date: May 25, 2011</p> <p>Facility number: 000168 Provider number: 155267 AIM number: 100267020</p> <p>Survey team: Anne Marie Crays RN</p> <p>Census bed type: SNF/NF: 49 Total: 49</p> <p>Census payor type: Medicare: 11 Medicaid: 33 Other: 5 Total: 49</p>			F0000	<p>The submission of this Plan of Correction does not constitute an admission by the Provider of any fact or conclusion set forth in the statement of deficiencies. The Plan of Correction is submitted because it is required by law. Scott Villa Nursing Rehab is respectfully requesting a desk review for the Complaint Survey of May 25, 2011.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	Sample: 5 These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2. Quality review completed 6/1/11 by Jennie Bartelt, RN.						

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F0314 SS=D	<p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident dependent for care was turned and repositioned off of her oxygen tubing at least every 2 hours, causing bruising from pressure to the right cheek and eye area, for 1 of 3 residents reviewed for potential pressure areas, in a sample of 5. Resident A</p> <p>Findings include:</p> <p>1. On 5/25/11 at 1:45 P.M., the Administrator provided the current facility policy on "Pressure Ulcer Prevention/Treatment," dated April 2009. The policy included: "...The following interventions are efforts to stabilize, reduce or remove underlying risk factors. At</p>			F0314	<p>Resident A was immediately placed on an alternate turning and repositioning schedule. Resident will be turned and repositioned every two hours. Residents' Braden assessments have been reviewed and updated in order to identify those residents at risk. Residents skin integrity care plans were reviewed and updated with assessment to include turning and repositioning where appropriate. DON/designee will audit all residents on a Turn and Repositioning schedule 4x daily for 12 weeks, weekly for 12 weeks, then bimonthly for 3 months, and then per policy and procedure thereafter to assure residents are being turned and repositioned according to schedule. Nursing staff have been in-serviced on the turning and repositioning program. Results of audits will be reviewed at monthly Quality Assurance meetings for at least six months. Any further incidents will result in re-education and/or disciplinary action by the HFA/DON.</p>		06/17/2011

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	<p>risk...Frequent turning...Manage moisture, nutrition, friction and shear...Enter all applicable interventions on the Skin Integrity Assessment: Prevention and Treatment Plan of Care...Extendicare Health Services will consider all residents as at risk for skin impairment and will implement the following interventions to prevent the development of pressure ulcers: Reduce occurrence of pressure over bony prominence to minimize injury, Protect against the adverse effects of external mechanical forces (pressure, friction, shear)...."</p> <p>2. On 5/25/11 at 10:00 A.M., during the initial tour, the Director of Nursing [DON] indicated Resident A developed bruising around her right eye, which was thought to be from lying on her oxygen tubing. Resident A was observed lying in bed at that time. A crease-like bruise was observed on her right cheek, with fading bruising under right eye.</p>						

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	<p>The clinical record of Resident A was reviewed on 5/25/11 at 11:00 A.M. Diagnoses included, but were not limited to, COPD (chronic obstructive pulmonary disease), CHF (congestive heart failure), anxiety, and dementia.</p> <p>The most recent Minimum Data Set [MDS] assessment, dated 4/14/11, indicated Resident A required extensive assistance of two+ staff for bed mobility, transfer, and hygiene.</p> <p>A Nursing Data Collection and Assessment, dated 4/14/11, indicated the resident was confused, was incontinent of bowels and bladder, and had weakness in the right and left arms and legs.</p> <p>A "Braden Risk Assessment Scale," dated 4/14/11 and unsigned, indicated the resident had "No impairment" in sensory perception, was chair fast, had very limited</p>						

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	<p>mobility, nutrition was adequate, and friction and shear was a "Potential Problem." The Total Score of the assessment was 15, which indicated "Minimal Risk."</p> <p>Nurses Notes included the following notations:</p> <p>5/4/11 at 6:00 A.M.: "During a.m. care bruise found on residents right eye. Notified facility DON...Resident states [no] pain."</p> <p>5/4/11 at 9:00 A.M.: "Late entry: Approximation of bruise is 7 cm [centimeters] x 4 cm."</p> <p>A Skin Integrity plan of care, initially dated 10/10/10 and updated 5/4/11, did not address turning or repositioning the resident, or relieving pressure from the oxygen tubing, until 5/4/11. An entry, dated 5/4/11, indicated, "Bruise [right] eye...Check placement of nasal cannula 2 x per shift to prevent misplacement/bruising...."</p>						

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	<p>On 5/25/11 at 10:35 A.M., the Administrator and DON provided an Investigation/Report regarding the bruising on Resident A. A "Fax/Incident Report" to the Indiana State Department of Health, indicated, "...Brief Description of Incident, When resident was gotten up by C.N.A.'s morning of 5/4/11 noted 'black' right eye. Bruising measures 4 cm x 7 cm around the orbit and eyelid...Preventative Measures Taken, Resident's oxygen tubing was adjusted. Oxygen tubing placement will be checked at least twice per shift...Conclusion is that resident's oxygen tubing caused bruising by resident laying on right side."</p> <p>An "Incident of Unknown Origin," dated 5/4/11, indicated, "...Time Identified: 4:45 A.M...Nasal cannula left crease and bruising darker in the area of cheek bone where tubing runs by right eye..."</p> <p>An "Accident/Incident Report," dated 5/4/11, indicated, "...Time of</p>						

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	<p>Incident: 4:45</p> <p>A.M...Unwitnessed...Right eye bruised upon getting up crease and darker bruising in area of O2 tubing...Immediate Action Taken to Prevent Further Incidents: Always check and insure [sic] placement of nasal cannula and nebulizer mask...Time last toileted: 2:15 A.M....Last time care provided: 2:15 A.M...."</p> <p>A "Witness Investigation Statement," signed by CNA # 2, indicated, "... We walked in [Resident A's] room, during bed check. [Resident A] was laying crooked in bed, her oxygen was off her left ear. We straightened her and noticed her right eyebrow was swollen [sic]. We reported it to [RN # 1]. There was no bruising."</p> <p>A "Witness Investigation Statement," signed by CNA # 3, indicated, "...We were doing bed check and went in [Resident A's] room to check her and noticed swelling around her eyebrow then</p>						

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	<p>notified [RN # 1]."</p> <p>A "Witness Investigation Statement," signed by CNA # 1, indicated, "Date of Incident: 5-4-11, Time Identified: 5:30 A.M. Went to get [Resident A] while washing face saw R [right] eye was blue notified nurse on 5-4-11 at 5:30 AM."</p> <p>A "Witness Investigation Statement," signed by CNA # 4, indicated, "...I came in at 5-1 on this day. After [CNA # 1] got her up. We came in and noticed [Resident A] had a black eye. I don't know how it happened."</p> <p>On 5/25/11 at 11:20 A.M., during an interview with CNA # 1, she indicated she came in to work on 5/4/11 at 2:00 A.M. She indicated the 2 CNAs who left at 2:00 A.M. "already did their 2:00 rounds." CNA # 1 indicated she got Resident A up at approximately 5:00 A.M. and took a washrag to wash her face, and noticed bruising on her</p>						

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	<p>right eye. CNA # 1 indicated the resident had been lying in bed on her right side "laying into her pillow, laying on her oxygen tubing." CNA # 1 indicated she went and told her nurse immediately. CNA # 1 then indicated, "I did check her at 4:00 A.M., but didn't turn on the light. I just checked her brief and she was dry so I didn't have to change her or do anything."</p> <p>On 5/25/11 at 12:10 P.M., CNA # 2 was interviewed. CNA # 2 indicated she worked until she left at 2:00 A.M. on 5/4/11. CNA # 2 indicated she was doing "bed check" on Resident A at approximately 1:00 or 1:30 A.M. CNA # 2 indicated Resident A was lying crooked in the bed, and her oxygen tubing was under her right eye and off to the side. CNA # 2 indicated the resident's right eyebrow "was real poofy," so she immediately told RN # 1 about it.</p> <p>On 5/25/11 at 12:45 P.M., CNA # 3</p>						

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	<p>was interviewed. CNA # 3 indicated she worked until she left at 2:00 A.M. on 5/4/11. CNA # 3 indicated she assisted CNA # 2 in doing a "bed check" on Resident A at approximately 1:30 or 2:00 A.M. CNA # 3 indicated they noticed the resident's right eyebrow was swollen, and so they told RN # 1.</p> <p>On 5/25/11 at 1:05 P.M., RN # 1 was interviewed. RN # 1 indicated, "When they got her [Resident A] up, she had a purple place under her cannula where she was lying on her face." RN # 1 indicated the time was around 5:00 A.M., when "they got her up." RN # 1 indicated she "could not remember" if CNA # 2 and CNA # 3 told her about swelling or bruising around the resident's right eye at 1:30 A.M.</p> <p>On 5/25/11 at 2:40 P.M., during an interview with the DON and Administrator, they indicated the resident should be turned and repositioned at least every two hours.</p>						

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	This federal tag relates to Complaint IN00090305. 3.1-40(a)(1)						